

Candidate Statement of Non-Recipt of Contributions and Non-Expenditure of Funds

		For Candidates that have not	spent or received any o	campaign funds			
	Name of Candidate or Officeholder Phone No.					Number	
	Marie H. Pouls	arie H. Poulson			(801)942-5390	
	Street Address	Suite/Apartment/P	O Box:	City	State	Zip	
	7037 Horizon (Cir	Cottony	vood Heights	UT	84121	
	Office	District Number	County		ı	Political Party	
	House	46	Sa	alt Lake		Democrat	
GS	Type of Report (Check the appropriate box)						
3	INTERI	IM REPORTS:	FIN	IAL REPORT:			
penditure	(Re Sev (Re X Aug (Re	ven days preceding Party Convention equired by all candidates) ven days preceding Primary Election equired by all candidates) gust 31st equired by all candidates)		Final Report (Required by all candidates and officeholders as soon as they close campaign accounts			
X	│	ven days preceding a General Electic equired by all candidates)		Yes Is this report an amendment? No			
aloud Surp	YEAR-	END REPORT	X				
O	☐ January 10th of every year						
S							
1001	Report Verification I,						
\preceq							
Sontributions							
Signature of Candidate					_		
\geq	Date						
and the second							
	N. Lieuten Utah St Salt Lak (f For Contact the L	o File this Form Mail or deliver to nant Governor's Office tate Capitol, Suite 220 te City, UT 84114-2325 801) 538 - 1133 More Information Lieutenant Governor's Office 801) 538 - 1041	I —	For Office Use	e Only		

Date Received

elections@utah.gov